

ATTACHMENT 7
PAST PERFORMANCE EVALUATION INTERVIEW QUESTIONNAIRE

(1) Offeror Name & Address (City and State):

(2) Type of Contract: Fixed Price _____ Cost Reimbursement _____
Other (Specify) _____

(3) Title of Project/Contract Number:

(4) Description of Work:

(5) Complexity of Work: High _____ Mid _____ Routine _____

(6) Location of Work: _____

(7) Date of Award: _____

(8) Status: Active _____ (Please provide percent complete)
Complete _____ (Please provide completion date)

(9) Name, telephone number and **e-mail** of Owner's Technical Representative:

QUALITY OF PRODUCT/SERVICE:

(10) Please evaluate the contractor's performance in complying with contract requirements, quality achieved and overall technical expertise demonstrated.

Excellent

Good

Satisfactory

Marginal

Unsatisfactory

Remarks:

(11) To what extent were the contractor's reports and documentation accurate, complete and submitted in a timely manner?

Excellent

Good

Satisfactory

Marginal

Unsatisfactory

Remarks:

(12) To what extent was the contractor able to solve contract performance problems without extensive guidance from Owner counterparts?

Excellent

Good

Satisfactory

Marginal

Unsatisfactory

Remarks:

(13) How well did the contractor manage and coordinate subcontractors, suppliers, and the labor force?

Excellent

Good

Satisfactory

Marginal

Unsatisfactory

Remarks:

CUSTOMER SATISFACTION:

(14) To what extent were the end users satisfied with:

Quality? Cost? Schedule?

Exceptionally Satisfied

Highly Satisfied

Satisfied

Somewhat Dissatisfied

Highly Dissatisfied

Remarks:

TIMELINESS OF PERFORMANCE:

(15) To what extent did the contractor meet the required schedules?

Completed Substantially Ahead of Schedule

Completed on Schedule with no Time Delays

Completed on Schedule with Minor Delays Under Extenuating Circumstances

Experienced Significant Delays without Justification

Remarks:

(16) If given the opportunity, would you work with this contractor again?

Yes _____ No _____ Not Sure _____

OTHER REMARKS:

(17) Please use the space below to provide other information related to the contractor's performance. This may include the contractor's selection and management of subcontractors, flexibility in dealing with contract challenges, their overall concern for the Owner's interest, project awards received, etc.

END OF QUESTIONNAIRE

Send completed form to:

Mailing Address: Physical Address:
Overton Brooks VA Medical Center
510 East Stoner Avenue
Shreveport LA 71101

OR

Email: Carolyn.Lee3@va.gov

QUESTIONNAIRES WILL NOT BE RELEASED TO OFFEROR